

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	120	6/5/93
TYPIST		
VERIFIER	352	6/9
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Date
Final	
Original	7/12/93
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SYMBOLS

✓ ..... Rejected

~ ..... Allowed

(Through numeral) ..... Canceled

~ ..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected

Claim	Date
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Original	7/12/93
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